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PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

09/264,547

Filing Date

March 8, 1999

First Named Inventor

JONES, TIMOTHY N.

Art Unit

3732

Examiner Name

John J. Wilson

Attorney Docket Number

018563-006000US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Application Data Sheet, Return Postcard |
|--|---|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

S. B. Kotwal

Printed name

Sujit B. Kotwal

Date

September 20, 2005

Reg. No.

43,336

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Krista K. Merrimac

Typed or printed name

Krista K. Merrimac

Date

September 20, 2005



Application Data Sheet

Application Information

Application number::	09264547
Filing Date::	03/08/99
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SUBDIVIDING A DIGITAL DENTITION MODEL
Attorney Docket Number::	018563-006000US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	14
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: TIMOTHY
Middle Name:: N.
Family Name:: JONES
Name Suffix::
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 317 Serra San Bruno
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: MUHAMMAD
Middle Name::
Family Name:: CHISHTI
Name Suffix::
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State or Province of Residence::
Country of Residence:: US
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State or Province of mailing address::

Country of mailing address:: US
Postal or Zip Code of mailing address:: 20005

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
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Given Name:: HUAFENG
Middle Name::
Family Name:: WEN
Name Suffix::
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State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2117 Gossamer Avenue
City of Mailing Address:: Redwood Shores
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: GREGORY
Middle Name:: P.
Family Name:: BALA
Name Suffix::
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State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 207 Burning Tree Drive
City of Mailing Address:: San Jose

State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95119

Correspondence Information

Correspondence Customer Number:: 46718

Representative Information

Representative Customer Number:: 46718

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/169,276	10/08/98
09/169,276	Claims priority from	PCT/US98/12861	06/19/98
PCT/US98/12861	Claims priority from	08/947,080	10/08/97
08/947,080	An Appn claiming	60/050,342	06/20/97
	benefit under 35 USC		
	119(e) of		

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Align Technology, Inc.
Street of mailing address:: 881 Martin Avenue
City of mailing address:: Santa Clara
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95050-2903